



*A good referral letter
ensures timely access to the*

RHEUMATOLOGIST

With the decline in the number of specialists in rheumatology and the expected increase in patients secondary to our aging population, better use of a referral letter can improve access to care. The referral letter should contain sufficient information to allow the consultant to triage or prioritize those patients for whom outcomes can be altered by timely access to specialist care.

How do we prioritize referrals?

- Some conditions, such as an acute monoarthritis, complications of vasculitis or connective tissue diseases, may constitute medical emergencies. A delay in appropriate therapy for a septic joint will cause permanent joint damage. In these cases it is always best to call the rheumatologist or have the patient go directly to the emergency room.
- Patients suspected of having new-onset inflammatory joint disease should be referred promptly. As early as four months from onset of rheumatoid arthritis, MRI of the hands and feet can detect erosions directly associated with disability. We know that patients who start using disease modifying anti-rheumatic drugs (DMARDs) early have a better outcome no matter what DMARD is used.
- Other, more chronic conditions, such as osteoarthritis and fibromyalgia, may not be affected by a longer wait.

According to work done by D. Ross Langley for the College of Family Physicians of Canada and The Royal College of Physicians and Surgeons of Canada, physicians refer a patient to a specialist for medical, non-medical (patient request or physician relief) and geographic reasons. Because of these various reasons for referral, the primary care physician should communicate clearly the purpose of the consultation to both the patient and the consultant.

As well as the reason for the referral, the letter should include:

- the suspected diagnosis,
- a brief history,
- the relevant clinical findings,
- copies of all investigations and X-ray reports related to the problem.

It should also include copies of consultation letters from other specialists for the related problem. A description of the distribution of the joints affected, systemic symptoms (morning stiffness, fever, weight loss) and the duration of symptoms are very helpful in determining which referrals require more urgent attention.

Today, we have many new medications for the treatment of all inflammatory arthritides. Early diagnosis and treatment alters the long-term outcome of these diseases and helps reduce pain, swelling, deformity and disability. Appropriate triaging from a good referral letter can lead to better care and access for those patients in whom we can make a difference.

Sample Letter

Please assess this 34-year-old woman with suspected inflammatory joint disease. Three months ago she developed swelling and pain in both wrists, her second and third MCP joints and her feet. She is stiff for two to three hours in the morning and complains of fatigue. She is otherwise well. She is unable to continue work as a nursing assistant. Her relevant blood work: rheumatoid factor (RF) = negative; antinuclear antibodies (ANA) = negative; erythrocyte sedimentation rate (ESR) = 45 and C-reactive protein (CRP) = 38.

N.B. Copies of the lab work and X-rays should be attached to this referral letter.